Barge Application for Marine Fueling Permit (FP-293B)

"Application is hereby made in accordance with the provisions of Chapter 148 of the General Laws and 527 Code of Massachusetts Regulations, for a permit authorizing the "Use, Storage and Handling of Flammable and Combustible Liquids on Waters of the Commonwealth, including requirements for Marine Fueling Facilities, Mobile Marine Fuel Vehicles, Fuel Barges and Fuel Vessels".

Application for Permit is hereby made in accorda year by:	ance with 527 Code of Massachusetts	Regulations (CMR) for the calendar	
NAME OF BUSINESS:			
	Full Name of Firm, Corporation, Per		
APPROVED PRODUCT TRANSFER SITES	OVED PRODUCT TRANSFER SITES CELL PHONE CELL PHONE () Check here and attach a separate piece of paper labeled "B1" if additional space is required.		
() Check here and attach a separ	ate piece of paper labeled "B1" if add	itional space is required.	
BUSINESS MAILING ADDRESS			
	Street Number / P.O. Bo)X	
City/Town	Zip code		
BUSINESS TELEPHONE			
BUSINESS EMAIL			
NAME OF OWNER			
ADDRESS OF OWNER	OWNER TELEPHONE _		
FORMER OWNER IF THIS IS A NEW BUSINESS			
FORMER MAILING ADDRESS:			
Street Nun	nber / P.O. Box City/Town	Zip code	
RESPONSIBLE PARTY OPERATING THIS BUSINESS	·		
I have read and understand the provision Fueling. Yes () No ()	s of 527 Code of Massachusetts Regul	lations (CMR) related to Marine	
Vessel is FUEL BARGE () OR FUEL VE	SSEL ()		
Vessel is YEAR ROUND () SEASONA	L (), if seasonal please include date	es of operation	
Vessel is NEW () RENEWAL () , if r	enewal please provide previous year':	s MF Permit #	
Flammable/Combustible Liquid to be disp	pensed is: Class I () Class II () (Class III())	

I intend to fuel during the hours of darkness: If yes, list hours that you intend to fuel during darknes	s	Yes () No ()
I have night lighting:		Yes () No ()
I hereby attest that the following individuals had and are responsible employees who I have flammable and combustible liquids and are farelated to Marine Fueling, and the operation, mand combustible liquids and the fueling of vesses	trained and consider to be comp nmiliar with and understand the onechanics and hazards inherent to	petent in the handling of contents of 527 CMR 1.00
Name	Address	Date of Birth
Name	Address	Date of Birth
Name	Address	Date of Birth
FUEL BARGE or FUEL VESSEL List each fuel barge of fuel vessel. BARGE OR VESSEL NAME:		
Documentation Number:		
() Check here and attach a separate piece o Approved product transfer (fueling) sites:	f paper labeled "B3" if additional space	is required.
() Check here and attach a separate piece o	f paper labeled "B4" if additional space	is required.
BARGE OR VESSEL NAME:		
Documentation Number: () Check here and attach a separate piece o Approved product transfer (fueling) sites:	f paper labeled "B5" if additional space	is required.
() Check here and attach a separate piece o	f paper labeled "B6" if additional space	is required.

Approved Mooring Sites:	
() Check here and attach a separate	piece of paper labeled "B7" if additional space is required.
You must include a photocopy of the United Stapproval for each fuel barge or fuel vessel.	tates Coast Guard Certificate of Inspection and Harbormaster
statements and attachments are true and acceptate any and all other applicable authorizations.	ry that (1) to the best of my knowledge and belief the above curate, (2) this application is made upon the express condition ations necessary have been secured and (3) I have filed all chusetts taxes required by law. (Authority: Chapter 62C, s. 49A,
Print Name:	Date:
Print Name: () Officer of Corporatio	n () Owner
Social Security or Federal Employee Identificat	ion Number of the Business:
Signature of Applicant:	
FIRE DEDARTMENT MOTIFICATION AND AD	DDOV44
FIRE DEPARTMENT NOTIFICATION AND AP	PROVAL
I certify that I have inspected or caused to be comply with the Provisions of 527 CMR.	e inspected the above fueling facility (sites) and found them to
I am directing that the following restriction	ons shall apply:
S S	
() Chack have and attach a congrate	piece of paper labeled "B8" if additional space is required.
() Check here and attach a separate	piece of paper labeled Bo il additional space is required.
Signature:	Date:
Head of Fire Department	
Duint name of Hond of Elic Day	
Print name of Head of Fire Depa	rtment or Designee and name of Fire Department

The Harbormaster shall describe and approve in writing each fueling site.

A Guide to the Application for a Marine Fuel Permit for a Barge or Vessel (527 CMR 1.00 and M.G.L. c. 148)

Secure, read and understand 527 Code of Massachusetts Regulations (CMR). This regulation is available from the State House Book Store, Public Document Room 116, Boston, MA 02133 (Telephone 617-727-2834), and an *unofficial* copy on the DFS website at www.mass.gov/dfs.

Application for a Marine Fueling Permit is made on Fire Prevention Form, FP-293B.

This application may be obtained on the DFS website at www.mass.gov/dfs. The application may be photocopied, provided that all signatures are originals.

- All applicants must read the regulation.
- One application per city, town, or fire district.
- □ **Fire Department Notification and Approval** must be completed and signed by the head of the fire department or his/her designee within the jurisdiction of the fuel transfer. By this signature, the fire department is certifying that they have knowledge of the transfer of fuel, the site is in compliance with the regulation and any local restrictions are included in the terms and conditions of the permit. **All permit applications must be signed by the fire department**.
- □ FUEL BARGE or FUEL VESSELL section must be completed by those applicants seeking to use a <u>Fuel</u>

 <u>Barge or Fuel Vessel</u> to transfer fuel to a marine craft. The following documents must also be attached: copies of the vessel's <u>US Coast Guard Certificate of Inspection</u>, and <u>a letter from the Harbor Master</u> in whose jurisdiction the vessel is legally moored.

For each city, town of fire district, YOU must forward a completed application, the renewal notice (if applicable), all of the appropriate documents listed above, and a check or money order for \$100.00 made payable to the Commonwealth of Massachusetts, to the Division of Fire Safety, ATTN: Marine Fueling Permit, P.O. Box 1025, State Road, Stow, MA 01775, on or before the expiration date (December 31 of the year issued).

All incomplete applications for permits will be returned to the applicant. Any delay in the issuance of a permit, due to an incomplete filing, will be the sole responsibility of the applicant, and could result in civil and/or criminal penalties pursuant to 527 CMR 1.00.